

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/							
2	/							
3	/							
4		3						
5		3						
6		3						
7		3						
8		3						
9		3						
10		3						
11		3						
12		3						
13		3						
14		3						
15		3						
16		3						
17		3						
18		3						
19		3						
20		3						
21		3						
22		3						
23		3						
24		1						
25		3						
26		3						
27		3						
28		3	1		1			
29		3		1		1		
30		3						1
31		3						1
32		3						1
33		3						1
34		3		1				1
35		3						1
36		3						1
37		3						1
38		3						1
39	/							
40		1						
41		1						
42		1						
43	/							
44		1						
45		1						
46		1						
47		3						
48		3	1					
49			1		1			
50			1		1			
51		3						3
52		3						3
53		3						3
54		3						3
55		3						3
56		3						3
57		3						3
58		3						3
59		3						3
60		3						3
61		1						3
62		3						3
63		3						3
64		3						3
65		3						3
66		3						3
67		3						3
68		3						3
69		3						3
70		1						1
71		1						1
72		1						3
73		3						3
74		3						3
75	1						1	
76		1						1
77		1						1
78		1						1
79		3						3
80								3
81								3
82								3
83								3
84								3
85								3
86								3
87								3
88								3
89								3
90								3
91								6
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.	5		4				4	
TOTAL DEP.	111		52				108	
TOTAL CLAIMS	116		56				112	